

ADDENDUM B
CONGREGATE CARE AND RESIDENTIAL SERVICES AGREEMENT

This Addendum amends, modifies and supplements that certain Agreement for Purchase of Services ("Agreement") between the Fairfax-Falls Church Community Policy and Management Team ("CPMT") or the Fairfax County Department of Family Services, as the case may be, hereinafter referred to as the "Buyer" and _____, hereinafter referred to as the "Provider". Where there exists any inconsistency between the Agreement and Addendum B the provisions of Addendum B will control. This Addendum B reflects those services which the Provider agrees to make available to the Buyer. The services for each youth placed will be in accordance with that youth's Individualized Family Service Plan ("IFSP") and the Provider's treatment plan, or, as the case may be, the Individual Education Program ("IEP"), with a review of the applicable document within thirty (30) days after placement. Any related services provided as part of the youth's IEP shall be for the purpose of providing benefit from the educational program. Terms not otherwise defined herein shall have the same meanings ascribed to them in the Agreement.

I. FACILITY DESCRIPTIONS

- A. **Group Homes:** A supervised homelike environment in a single family residence that serves groups of up to eight youth. Group homes may provide social, life or vocational skills training. Group Homes can be licensed by the Department of Behavioral Health and Developmental Services as a Level A or a Level B facility or the Virginia Department of Social Services
- B. **Private Residential Schools:** Residential education services provided to students with disabilities that are placed into a residential program through an IEP in which the "least restrictive environment" is identified as a private residential school. Includes all services identified in the IEP as necessary to provide special education and related services, including non-medical care and room and board. Private Residential Schools are licensed by Virginia Department of Education
- C. **Residential Treatment Centers:** 24-hour, supervised, medically necessary, out of home program designed to provide necessary support and address mental health, behavioral, substance abuse, cognitive, or training needs of a child or adolescent in order to prevent or minimize the need for more intensive inpatient treatment. Services include, but shall not be limited to, assessment and evaluation, medical treatment (including medication), individual and group counseling, neurobehavioral services, and family therapy necessary to treat the child. The service provides active treatment or training beginning at admission related to the resident's principle diagnosis and admitting symptoms. These services do not include interventions and activities designed only to meet the supportive nonmental health needs including, but not limited to, personal care, habilitation, or academic educational needs of the

resident.

- D. **Respite Care Facility:** a facility that is specifically approved to provide short-term, periodic residential care to children accepted into its program in order to give the parents or legal guardians temporary relief from responsibility for their direct care.

II. RESIDENTIAL AND CLINICAL SERVICES:

All clinical services may not be provided by all providers. If applicable, the following services should be provided:

1. RESIDENTIAL ROOM & BOARD includes:
 - A. A component of the total daily cost for placement in a licensed residential treatment facility. Residential Room and Board costs are maintenance costs associated with placement in a licensed residential treatment facility (Level A, Level B, or Level C). Service includes semi-private room, three meals and two snacks per day, and personal care items.
 - B. Payment to cover the cost of (and the cost of providing) food, clothing, shelter, daily basic supervision, school supplies, personal incidentals, liability insurance with respect to a youth, clothing, and costs related to administration and operation of a facility necessary to provide the items listed above.
 - 1) Food: Costs associated with providing food for the youth (net of USDA revenues), costs may include:
 - a) The food itself
 - b) Meal preparation, operation and maintenance of the kitchen facility
 - c) Dietary supplies
 - d) Salaries and fringe benefits associated with staff involved in food preparation and assuring appropriate dietary/nutritional standards are met
 - 2) Shelter: Costs associated with providing and maintaining living quarters for the youth, costs may include:
 - a) Cost of a lease or rental agreement
 - b) Utilities, furniture and equipment
 - c) Costs of housekeeping, linen and bedding
 - d) Maintenance of the building and grounds
 - e) Routine recreation
 - f) Insurance related to the living quarters
 - g) Taxes related to the shelter of the youth
 - h) Costs may not include construction costs, but may include depreciation of capital assets, interest, and property taxes
 - 3) Daily basic supervision (normal supervision duties): Costs associated with normal 24-hour supervision of the youth. Costs may include:

- a) The salaries and fringe benefits of staff (including house parents) involved in supervising the youth
 - b) Recreation supervision
- 4) School supplies: Costs associated with books, materials, and supplies necessary for a youth's education
- 5) Personal incidentals: Incidental costs associated with the personal care of a youth such as: items related to personal hygiene; cosmetics; over-the-counter medications and special dietary foods; infant and toddler supplies, including high chairs and diapers; and fees for participation in activities outlined in section 7, Socialization/Recreation, below.
- 6) Clothing: Costs associated with providing and maintaining the clothing for the youth. These costs may include: Costs of the clothing itself, laundry, and dry cleaning.
- C. The Provider shall provide each youth with sufficient space, safe board, sanitary conditions and the level of supervision necessary to comply with the residential service description in the State Service Fee Directory. Special dietary needs shall be assessed and provided on an individual basis.
- D. The rates for services will be paid for the first day services are provided to the placed youth. The rates for services will not be paid for the day of discharge from the services of the Provider.
- E. In the event the youth leaves the facility without authorization, for more than seven (7) consecutive calendar days, the Provider must get written authorization from the Buyer's case manager to continue to bill for the placement. In any event, the Buyer will discontinue payment for room and board and other services as of the fourteenth (14) calendar day of the unauthorized absence.
- F. If a youth in a residential placement is authorized for a service in an acute care setting, the bed in the residential placement will be held for the youth for no more than fourteen (14) calendar days with written approval of the Buyer's case manager. Longer holds will be negotiated on a case by case basis, and must be authorized by the FAPT.

2. **RESIDENTIAL DAILY SUPERVISION:**

- A. A component of the "Combined Residential Services" in a congregate care facility. Service includes around the clock supervision of no less than one staff for every four residents during awake hours and no less than one staff for every six residents during sleep hours. Documentation of supervision includes written time, place, and activity checks no less than every fifteen minutes around the clock.
- B. Title IV-E allowable costs of salaries and fringe benefits of staff (including house parents where applicable) associated with 24-hour supervision of the youth beyond

that which is normally required of a youth, or supervision needed for certain youth including those with physical or emotional disabilities. The youth's needs must be documented and must be billed as separate line item and clearly identifiable separate from Therapeutic Behavioral Services.

3. RESIDENTIAL SUPPLEMENTAL THERAPIES:

- A. A component of the "Combined Residential Services" in a congregate care facility. Service includes a minimum of 21 group interventions (outside of the 3-5 group therapies lead by a licensed clinician). The 21 interventions are goal-based with clear documentation/notes regarding the goal addressed, the intervention used, the resident's response/input, and plan for follow-up.
- B. Therapeutic services rendered in a residential setting that provide structure for daily activities, psycho-education, therapeutic supervision and activities, and mental health care to ensure the attainment of therapeutic mental health goals as identified in the treatment plan.

4. RESIDENTIAL MEDICAL COUNSELING:

- A. A component of the "Combined Residential Services" in a licensed residential treatment facility. Service includes around the clock nursing and medical care through on-campus nurses and on-campus/on-call physician. Service also includes the doctor and nurse at every treatment planning meeting for resident.
- B. Overall medical treatment of the youth is coordinated by the nursing staff or other medically-trained staff. Such staff shall provide the scheduling, coordinating, monitoring of, and transportation to, medical treatments, physical examinations, and dental checks. In addition, trained staff shall coordinate and monitor the administration of medications and provide first aid to injured youth. The nursing staff or trained staff person shall conduct regularly scheduled meetings with each youth for the purpose of monitoring the onset of symptoms and reviewing nutritional, hygienic and other regimens which may affect physical health. The services shall be supervised by a medical doctor.

5. COUNSELING/THERAPY:

- A. **INDIVIDUAL THERAPY:** Individual counseling/therapy shall be provided in accordance with the youth's IFSP by a licensed clinician or license-eligible clinician under supervision. The frequency of such counseling/therapy shall be determined on a youth-specific basis and shall be approved by the Buyer's case manager prior to its initiation.

- B. **GROUP THERAPY:** Group counseling/therapy shall be provided in accordance with the youth's IFSP by a licensed clinician or license-eligible clinician under supervision. The frequency of such counseling/therapy shall be determined on a youth-specific basis and shall be approved by the Buyer's case manager prior to its initiation.
- C. **FAMILY THERAPY:** Family counseling/therapy shall be provided in accordance with the youth's IFSP by a licensed clinician or license-eligible clinician under supervision and shall occur face- to- face no less than one (1) time per month. The family counseling/therapy shall incorporate family members as appropriate. Counseling with family is to include techniques that will assist the family in the return of the youth to the family, when appropriate. The frequency of such counseling/therapy shall be determined on a youth-specific basis and shall be approved by the Buyer's case manager prior to its initiation.
6. **FAMILY VISITATION:** Ongoing contact, therapy, and visitation are a critical component of an individual's clinical services and basic human rights. The Provider shall plan and schedule regular and ongoing visits for the youth with the family, relatives and/or others (e.g. foster parents, adoptive parents, and fictive kin) in accordance with the youth's treatment plan and IFSP.
- A. Family visitation shall not be withheld as a behavioral consequence.
- B. Any reduction or change in visitation has to have clinical justification and the approval of the Buyer's case manager prior to the reduction or change.
7. **SOCIALIZATION/RECREATION:** Youth shall have regular, scheduled opportunities for socialization and recreation through individual and group activities designed to enhance learning, provide cultural enrichment, foster reintegration into the community, enhance leadership skills and improve self-esteem. Goals to accomplish these specific outcomes will be identified in Individual Recreation Plans (IRPs) developed and documented by the Provider and the Buyer's case manager for each youth. The activities shall be designed to provide fun and pleasure and may include, but are not limited to, outdoor athletics, field trips, games, camping and crafts.
8. **EDUCATION:** Services that are provided to meet the educational needs of the youth in a group home setting as required by the educational requirements of the Virginia Code. Such services may include public school integration, on-site residential schooling, community-based vocational training, vocational training, alternative education, or special education.
9. **RESIDENTIAL EDUCATION:** A component of the total daily cost for placement in a licensed level C residential treatment facility. These education services are provided in a

licensed, privately owned and operated Level C residential treatment facility to a child/youth with or without an individualized education program (IEP) who has been placed for non-educational reasons.

10. **EMERGENCY SERVICES:** Emergency services are programs and supports that are available twenty-four (24) hours/day, 365 days/year that can be accessed immediately and may include crisis stabilization, pre-screening for mental health commitments and emergency mental health assessments. Such services shall be time-limited, supportive, and clear as to purpose and goals.

For certain Providers emergency shelter may be purchased during the 72 hour emergency custody provision of the law as outlined in the Virginia State Social Services Manual. Provision of such service shall be provided on a temporary/emergency basis, up to thirty (30) days and shall include but is not limited to, room and board.

11. **TRANSPORTATION:** All transportation to activities within the scope of the service plan is provided. Transportation includes to and from court appearances, community activities, school trips, recreation/leisure time activities, and other activities necessary in providing for the youth's health, emotional and recreational needs. Vehicles will be equipped with a first aid kit, a road safety kit, and seat belts at all times while youth are being transported. Maintenance checks will be performed on vehicles at regular intervals to ensure the safety of youth while being transported. The drivers shall be subject to a Department of Motor Vehicles check and all driving licensure requirements.
12. **ONE-ON-ONE CARE:** One-on-one care is provided to youth whose medical, behavioral or emotional condition necessitates close supervision and monitoring which cannot be provided through the regular staff-to-youth ratios. This supervision shall be designed to provide safety and support through acute periods. Except in emergencies, one-on-one care shall be provided only after approval from the Buyer's case manager. It shall be limited to the number of hours approved by the Buyer's case manager and the Family Assessment and Planning Team. One-on-one care is not to be charged to the Buyer during the sleeping hours of the youth, unless otherwise authorized by the Buyer.
13. **SUBSTANCE ABUSE/ADDICTION:** Services are provided to assist youth and their families with recovery from substance abuse/addiction. Treatment of the actively substance- addicted population shall incorporate a structured program that addresses the addiction and the associated developmental, family, peer and relationship issues. Treatment shall incorporate education, individual and group therapy dealing with abuse/addiction and concomitant problem areas with a strong emphasis on family therapy

and the twelve step programs for the development of coping and living skills to prevent relapse. Treatment shall also incorporate the provision of continuing care or referral to appropriate facilities for continuing care services.

14. **PROBLEMATIC SEXUAL BEHAVIOR/SEXUAL TRAUMA:** Services are provided to assist youth who have demonstrated problematic sexual behavior or who have experienced sexual abuse. The program shall be designed to provide a professional evaluation and treatment by a licensed provider with specialized training and relevant expertise.
15. **INDEPENDENT LIVING SKILLS TRAINING AND SERVICES:**
 - A. The Provider should provide or ensure training to youth ages 14 and older to help the youth gain life skills and transition successfully from foster care. The living skills training services are direct activities toward specific goals in accordance with the transition living plan. The training and services should include activities that fit into the domains of the Casey Life Skills Assessments including: daily living, self-care, housing and money management, career and education planning, permanency and other domains.
 - B. The Provider shall work collaboratively with the Buyer in providing independent living services mandated under the Foster Care Independence Act of 1999.
 - C. Progress on independent living goals should be included in the monthly reports.
 - D. The Provider will complete a Casey Life Skills Assessment for any youth ages 14 and older in their program within 30 days of placement or within 30 days of a youth turning 14 that is currently placed.
 - 1) The Casey Life Skills Assessments must be updated at least yearly. The youth may complete the plan on their own or it can be a collaborative effort with the youth and the Provider.
 - 2) The Casey Life Skills Assessment can be found at <http://lifeskills.casey.org/>.
 - 3) Once completed the Provider should submit a copy to the Buyer's case manager within 10 days.
 - E. A transition living plan must be completed by the Provider within 30 days of completion of the Casey Life Skills Assessment.
 - 1) The transition living plan should be a collaborative effort with the youth and all treatment providers, including the Buyer's case manager. The transition living plan may be completed during an LCPA treatment meeting and other team based planning meeting.
 - 2) A sample transition living plan can be received from the Buyer, (DFS Life Skills Coordinator) upon request. In the event the Provider already has a transition living plan template this plan must be approved by the Buyer's case manager prior to use.
 - 3) The transition living plan shall be updated at least yearly or modified, as needed,

such as when the youth achieves the goals before the end of the year. Updates are done in collaboration with the Buyer's case manager, the youth, the youth's family, the provider, and any other members of the youth/family's team. Any significant changes proposed to the service/treatment plan will reflect the consensus of the youth, family and team. An updated plan should be submitted to the Buyer's case manager within 10 days of the decision to make changes.

- 4) The Buyer's case manager serves as the point of contact for the team-based planning process and is responsible for decisions about services rendered in a manner consistent with the FAPT authorization and team-based planning process.
- F. The provider must complete a 90-day transition living plan on a youth 90 days before the youth turns 18, 19, 20 and 21.
 - 1) The 90-day transition living plan should be a collaborative effort with the youth and all treatment providers, including the Buyer's case manager. The Transition plan may be completed during an LCPA Treatment meeting and other team based planning meeting.
 - 2) A sample 90-day Transition Living Plan can be received from the Buyer's case manager upon request. In the event the Provider already has a transition living plan template this plan must be approved by the Buyer's case manager prior to use. The 90-day transition living plan must be updated at least yearly. Once completed the Provider should submit a copy to Buyer's case manager within 90 days before the youth turns 18, 19, 20 and 21.

16. ASSESSMENT/EVALUATION:

- A. Service conducted by a qualified professional utilizing a tool or series of tools to provide a comprehensive review with the purpose to make recommendations, provide diagnosis, identify strengths and needs, risk level, and describe the severity of the symptoms.
- B. Additional diagnostic services may be requested by the Buyer from the Provider in addition to those psychological, educational, medical and other diagnostic evaluations provided by the Buyer at the time of admission of the youth. The Provider may recommend approval of additional services from the Buyer's case manager.

17. APPEARANCES: It is understood that in the course of the provision of services the Provider's staff may be called upon by the Buyer's case manager to appear for court hearings, Family Resource team meetings, Family Partnership Meetings, and FAPT meetings. Information to be provided at such hearings or meetings may include assessments, evaluations, recommended services, the services provided, and the progress resulting from the service interventions. The Buyer will make every attempt to notify the Provider well in advance of the Provider's requirement to appear at the court hearings and

meetings. When possible, subpoenas will be provided for court.

18. **ACCESS TO FACILITY:** In addition to the language in Section 6A of the Agreement for Purchase of Services the Provider will at all times provide the Buyer access to the child's living areas/residence/bedroom. At the Provider's request the Buyer's agents will sign a notice of confidentiality if there are Provider concerns about confidentiality of roommates or other children in the facility.

III. TREATMENT PLANNING AND REPORTING:

1. **INITIAL ASSESSMENT:**
 - A. The Provider will complete and submit a written initial assessment within thirty (30) days of service initiation.
 - B. The initial assessment shall include the following:
 - 1) Current or Preliminary DSM diagnoses for youth
 - 2) Youth strengths and needs
 - 3) Youth functioning in major life domains (e.g., school, home, community, legal)
 - 4) Current family structure and functioning - strengths and needs
 - 5) Other current treatment/services including medication management
 - 6) Summary of service and treatment history
 - 7) Behaviors to be addressed - focus of intervention
2. **SERVICE/TREATMENT PLAN:**
 - A. The Provider will complete and submit an initial service/treatment plan based on the initial assessment describing the services to be provided to each youth and the youth's family in accordance with that youth's Individualized Family Service Plan (IFSP) within thirty (30) days of services being initiated.
 - B. The service/treatment plan shall be modified, as needed, in collaboration with the Buyer's case manager, the youth, the youth's family, the provider, and any other members of the youth/family's team. Any significant changes proposed to the service/treatment plan will reflect the consensus of the youth, family and team.
 - C. The service/treatment plan shall include the following:
 - 1) Short and long term goals that are youth, family and behavior-specific with measurable objectives and performance timeframes
 - 2) Crisis safety plan to include provisions during the workday as well as after hours and emergency telephone contact numbers
 - 3) Estimated # of contact hours and frequency of contacts per week
 - 4) Discharge plan/transition
 - 5) Plan signed by provider, Buyer's case manager, youth, youth's family member

3. **TREATMENT REVIEW MEETINGS:** The legal guardian and the Buyer's case manager shall be invited to all scheduled/emergency treatment team meetings. For youth in the custody of the DFS, the youth/youth's family shall be invited when deemed appropriate by the Buyer's case manager.
4. **MONTHLY PROGRESS REPORTING:**
 - A. The Provider will complete and submit a monthly report within ten (10) business days of the end of the month.
 - B. Monthly reports shall be submitted to the Buyer's case manager. Electronic submission via a secure email transmission is strongly encouraged.
 - C. The monthly report submitted on the Provider's letterhead shall include the following:
 - 1) Provider's legal name, email, and phone number
 - 2) Identifying client information to include name of youth and birthdate
 - 3) Progress on goals; Progress towards discharge
 - 4) Progress in family therapy; frequency type; type of visits, contacts, and off-site passes
 - 5) Significant incidents affecting the youth
 - 6) Change in therapist, medication and/or agencies/service involvement with youth
 - 7) Current functioning in major life domains (e.g., school, home, community, legal)
 - 8) Date of reporting period
 - 9) DSM Diagnoses and medications
5. **DISCHARGE SUMMARY REPORTING:**
 - A. The Provider will complete and submit a discharge summary report within ten (10) business days of the discharge/end of service.
 - B. Discharge reports shall be submitted to the Buyer's case manager. Electronic submission via a secure email transmission is strongly encouraged.
 - C. The discharge/termination report submitted on Provider's letterhead shall include the following:
 - 1) Provider's legal name, email, and phone number
 - 2) Summary of progress on goals
 - 3) DSM diagnoses and medications at time of discharge
 - 4) Description of functioning in major life domains at end of service (e.g., school, home, community, legal)
 - 5) After care plans will be based on clinical needs and will not include recommendations for levels of service.
 - 6) Written recommendations provided to the parent/caregiver for after-care upon discharge that will foster the youth's continued recovery and stability. Written recommendations will build upon treatment objectives, strengths, successes,

natural supports and other resources as well as referencing appointments with after-care providers.

IV. REIMBURSEMENT FOR SERVICES:

1. **PAYMENT THROUGH INSURANCE:** The Provider agrees to accept the family's insurance (including TRICARE or its equivalent), or Virginia Medicaid or FAMIS for payment of services, provided that the Buyer obtains the permission and signature of the parent or legal guardian of the youth. CSA will not fund services covered by the above forms of insurance if that insurance is available to pay for services.

When all or any portion of the services rendered by the Provider hereunder is covered by a policy of insurance, TRICARE (or its equivalent), Medicaid, or FAMIS, the Provider shall submit claims for such service to the insurance company holding such policies or to TRICARE (or its equivalent), as the case may be. The Buyer shall pay the balance remaining due, if any, within forty-five (45) days after the Provider furnishes satisfactory evidence to the Buyer that the payment by the insurance company or TRICARE (or its equivalent) is the full amount. If the Provider receives Virginia Medicaid or FAMIS payments for services rendered under this Agreement, such payments shall constitute payment in full for those services.

2. **PROVIDER MEDICAID SERVICES:** The CPMT requires all providers whose services meet the Virginia Medicaid standards for a "Community Based Residential Treatment for Children and Adolescents under 21" as outlined in the Community Mental Health Rehabilitative Services Manual to enroll as a Level A, Level B, Or Level C CBRT group home provider. Medicaid application information is available through:

Virginia Medicaid - PES PO Box 26803 Richmond, VA 23261-6803
1-800-829-5373 (in state toll-free) 1-804-270-5105 local
Fax: 1-804-270-7027
www.viriniamedicaid.dmas.virginia.gov

If the provider is already enrolled as a Medicaid CBRT Level A or B provider, the Provider shall provide the Buyer with its Medicaid number with the submission of contract documents. The Provider shall be responsible for timely and complete filing per the Department of Medical Assistance Services Community Mental Health Rehabilitative Services located at:

<https://www.viriniamedicaid.dmas.virginia.gov>

- A. If a Medicaid CBRT Level A or Level B group home provider, the Provider shall provide the Buyer with its Medicaid number. The Provider shall be responsible for:
- 1) Completing and forwarding the Medicaid pre-authorization materials, including the Initial Review form, for each Medicaid eligible youth to the DMAS contractor within 3 business days after admission or after receipt of information from the Buyer.
 - 2) Notifying the Buyer when a youth is authorized for Medicaid reimbursement. Such notice is required by fax at (703) 803-7128 within two business days after the Provider receives notice from DMAS that the youth is approved or denied.
 - 3) Developing the Individualized Service Plan for the youth within thirty (30) days of authorization for Medicaid reimbursement, and reviewing every thirty (30) days.
 - 4) Completing the continued stay criteria and submitting it to the DMAS contractor prior to expiration of the authorization period.
 - 5) Preparing and implementing DMAS billing.
 - 6) Ensuring that its physicians and other professionals serving the Buyer's referred clients are also enrolled in Medicaid and providing the Buyer with the Medicaid number of those individuals on staff or under subcontract who provide services to the Buyer's clients.
 - 7) Billing DMAS for other Medicaid covered services, e.g. therapy, pharmacy.
 - 8) Invoicing the CPMT for the non-Medicaid eligible services according to Section 27 of the Agreement for Purchase of Services.
 - 9) Notifying the Buyer when the youth no longer meets the Medicaid reimbursement criteria and DMAS no longer authorizes payment for the youth. Such notice is required by FAX to (703) 803-7128 within two business days after the Provider receives notice from DMAS that it will no longer make payment.
- B. The Provider is responsible for submitting all Medicaid preauthorization documentation and continuing stay documentation within the time frames required by Medicaid. If a Provider fails to submit this information in a timely manner, in order to receive Medicaid RTC reimbursement, the Provider is financially responsible and shall not be eligible for reimbursement from the Buyer.
- C. The Buyer shall provide the Medicaid number of the youth referred, if applicable. When referring a youth for Medicaid residential treatment the Buyer's responsibilities are to:
- 1) Include a certificate of need from the FAPT dated within 30 days prior to placement that indicates necessity of placement in a community based residential program.
 - 2) Provide a complete copy of DSM-IV diagnosis.
 - 3) Complete the score sheets from the CANS form for the current CANS rating (both the Youth Functioning Profile and the Caregiver Functioning Profile) and submit to the Provider as part of the authorization process. The CANS rating shall be

completed within thirty (30) days prior to placement and shall be submitted to the Provider in a timely fashion. It shall indicate at least two areas of moderate impairment as defined in the eligibility criteria.

- 4) Submit a placement assessment signed by the Buyer's case manager which includes: a description of the youth's behavior during the 30 days immediately prior to admission, a description of alternative placements attempted or explored and the outcomes of each, a description of the level of family support available, and a description of the initial plan of care.
- D. The Buyer is responsible for providing the certificate of need from the FAPT, an Individual Family Service Plan (IFSP) a complete copy of the DSM-IV diagnosis, a completed CANS rating, and a placement assessment in a timely manner to assist the Provider with submission of documentation within the time frames required by Medicaid. Providers should contact the Medicaid Analyst with the County's Federal Reimbursement Unit at (703) 324-7120 to request the above information.

V. INVOICING:

1. The Provider will submit invoices in accordance with section 25 of the APOS and section 5 of this Addendum B within ten (10) business days of the end of the month. The Buyer reserves the right to reject any invoices with incomplete data elements. Time frames for payment begin when the invoice contains all required elements.
 - A. The invoice shall include the following:
 - 1) Provider's legal name, email, and phone number
 - 2) Separate invoice for each youth
 - 3) Youth's name
 - 4) Month service was provided
 - 5) Purchase order number
 - 6) Buyer's case manager name
 - 7) Services delivered as defined on the rate sheet
 - 8) Contract unit price
 - 9) # of units
 - 10) Dates of service
 - B. TITLE IV-E: The CPMT requires that all allowable costs for foster care youth must be structured in accordance with all Federal and State regulations to allow the Buyer to seek appropriate reimbursement for those services via Title IV-E of the Social Security Act

IN WITNESS THEREOF the parties have caused this Addendum B to be executed by officials hereunto duly authorized.

Authorized Representative of Provider

CSA Manager

Title

Date

Date

SAMPLE